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Time:

TO: Assistant Commissioner for Patents
Attn: **Examiner Devi**
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FROM: William J. Wood

OUR REF: 30436.43USU1
TELEPHONE: (310) 445-1140

Total pages, including cover letter: 11**PTO FAX NUMBER 1-703-305-7939**

If you do NOT receive all of the pages, please telephone us at 310/445-1140, or fax us at 310/445-9031.

Title of Document Transmitted:

Transmittal Sheet, Supplemental
Preliminary Amendment and Power of
Attorney with copy of Assignment

Applicant: Dale E. Yelton, et al.
Serial No.: 08/905,293
Filed: August 1, 1997
Group Art Unit: 1815
Our Ref. No.: 30436.43USU1

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2724.

By: W. J. Wood
Name: William J. Wood
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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Sherlin Yaghoubzadeh

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Signature

7/7/98
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Dale E. Yelton, et al. Examiner: Devi
 Serial No.: 08/905,293 Group Art Unit: 1643
 Filed: August 1, 1997 Docket: 30436.43USU1
 Title: A METHOD FOR INHIBITING IMMUNOGLOBULIN-INDUCED TOXICITY RESULTING FROM THE USE OF IMMUNOGLOBULINS IN THERAPY AND IN VIVO DIAGNOSIS

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described hereinabove, are being transmitted by facsimile to 1-703-305-7939 at the United States Patent and Trademark Office on July 7, 1998.

By: 

Sherlin Yaghoubzadeh

Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet containing Certificate of Transmission
- ☒ Supplemental Preliminary Amendment (3 pages)
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Other: Power of Attorney (2 pages) with copy of Assignment (4 pages)

CLAIMS AS AMENDED

Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate	Fee
Total Claims				
Independent Claims		x	\$2,200	\$2,200
Dependent Claims		x	\$2,200	\$2,200
MULTIPLE DEPENDENT CLAIM FEE				\$600
TOTAL FILING FEE				\$5,000

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2724. A duplicate of this sheet is enclosed.

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